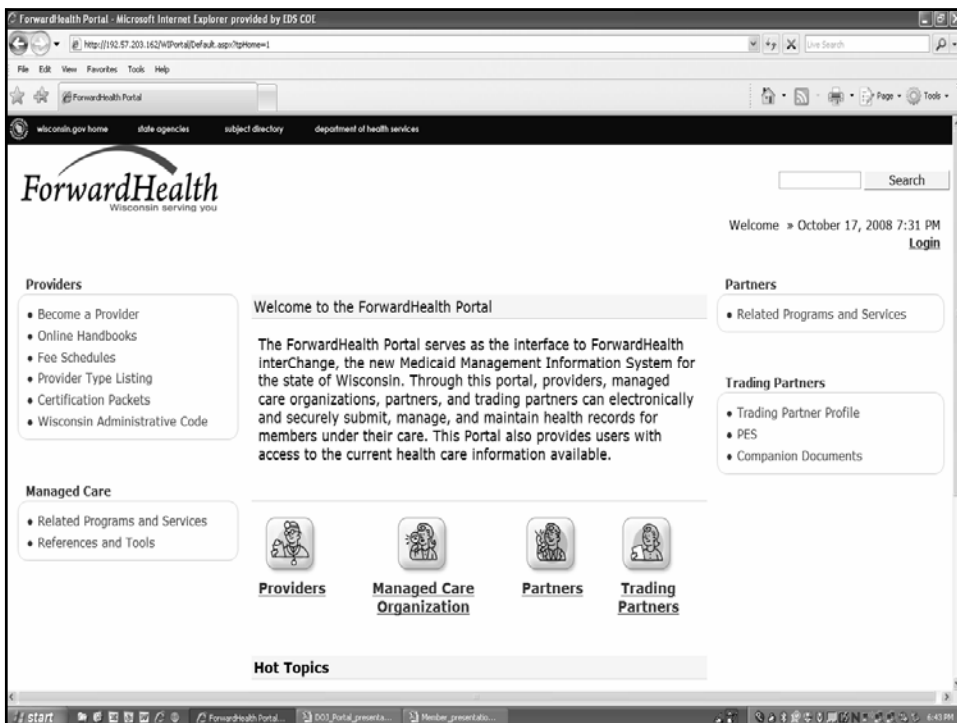


# ForwardHealth WEBPortal Training

## iC Functionality

## Department of Juvenile Correction Workers

Presented by  
Joan Buntin, EDS-HP



ForwardHealth Portal - Microsoft Internet Explorer provided by IDS COI

http://192.87.203.162/Portal/Default.aspx?tplone=1

ForwardHealth Portal

wisconsin.gov home state agencies subject directory department of health services

ForwardHealth  
Wisconsin serving you

Welcome » October 17, 2008 7:31 PM  
Login

**Providers**

- Become a Provider
- Online Handbooks
- Fee Schedules
- Provider Type Listing
- Certification Packets
- Wisconsin Administrative Code

**Managed Care**

- Related Programs and Services
- References and Tools

**Partners**

- Related Programs and Services

**Trading Partners**

- Trading Partner Profile
- PES
- Companion Documents

**Welcome to the ForwardHealth Portal**

The ForwardHealth Portal serves as the Interface to ForwardHealth InterChange, the new Medicaid Management Information System for the state of Wisconsin. Through this portal, providers, managed care organizations, partners, and trading partners can electronically and securely submit, manage, and maintain health records for members under their care. This Portal also provides users with access to the current health care information available.

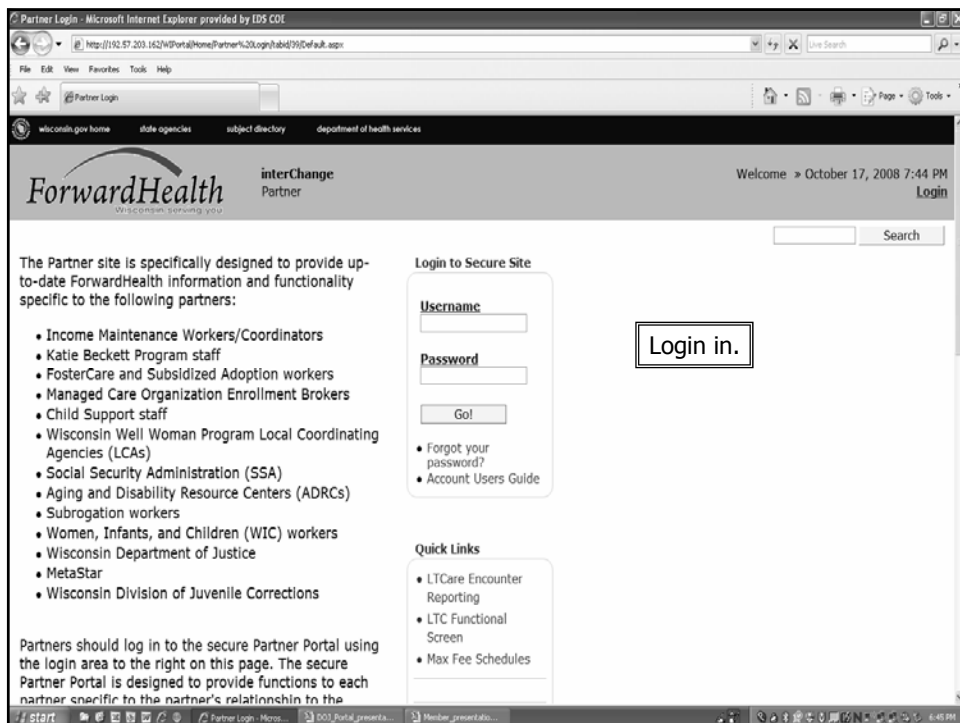
**Providers**

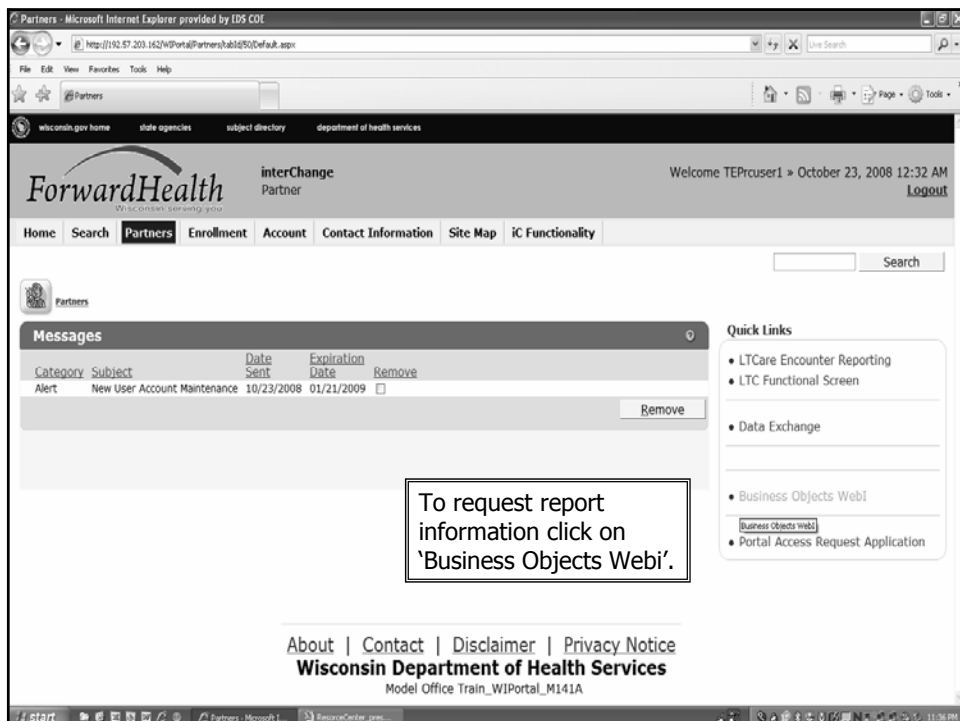
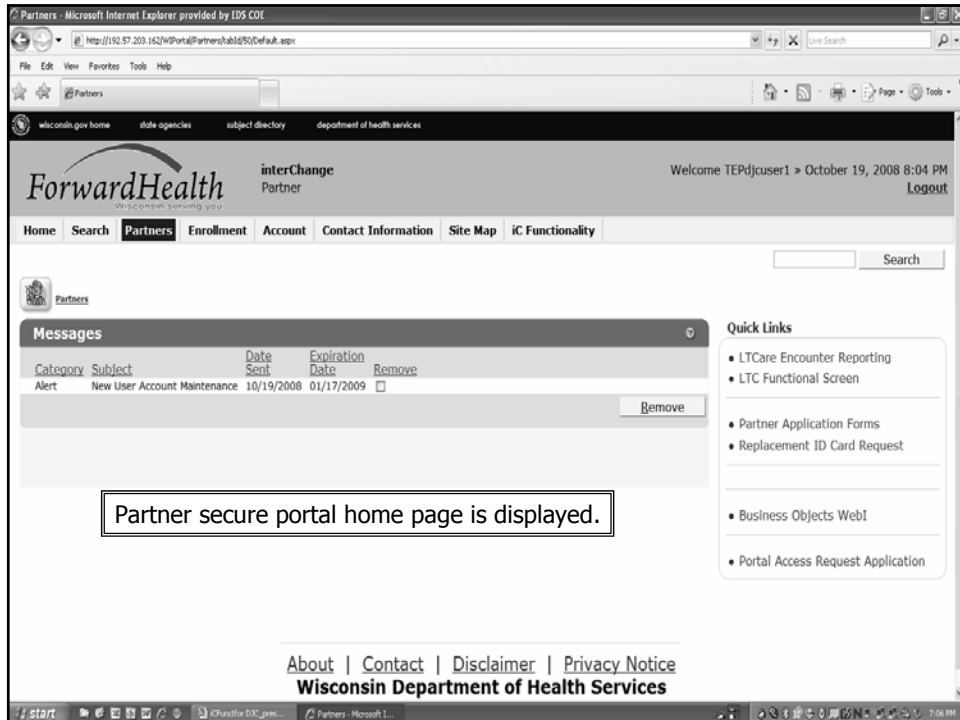
**Managed Care Organization**

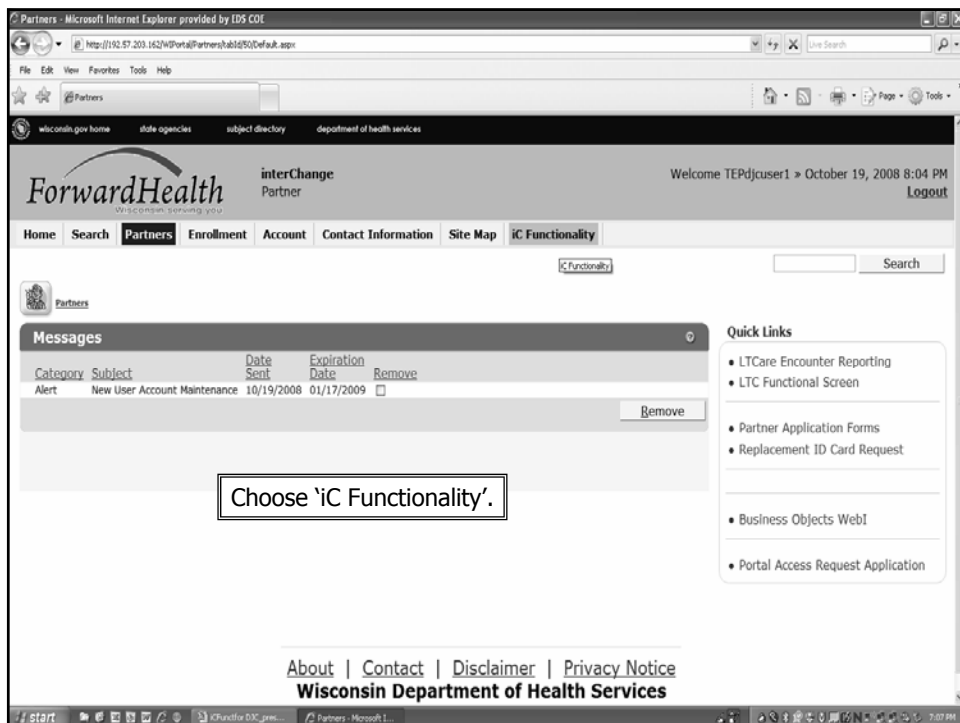
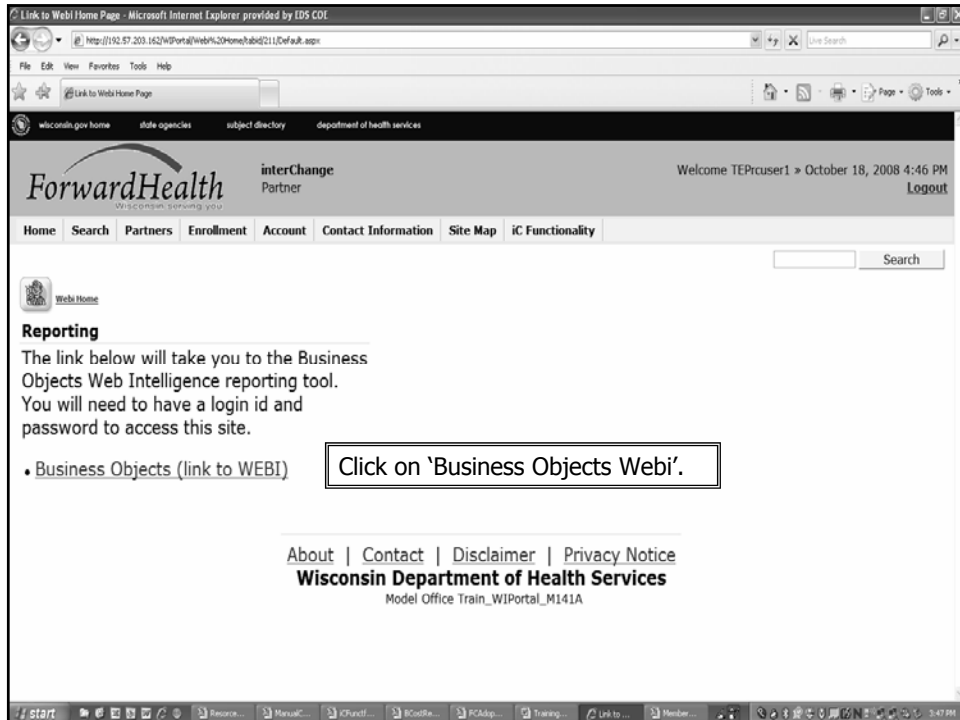
**Partners**

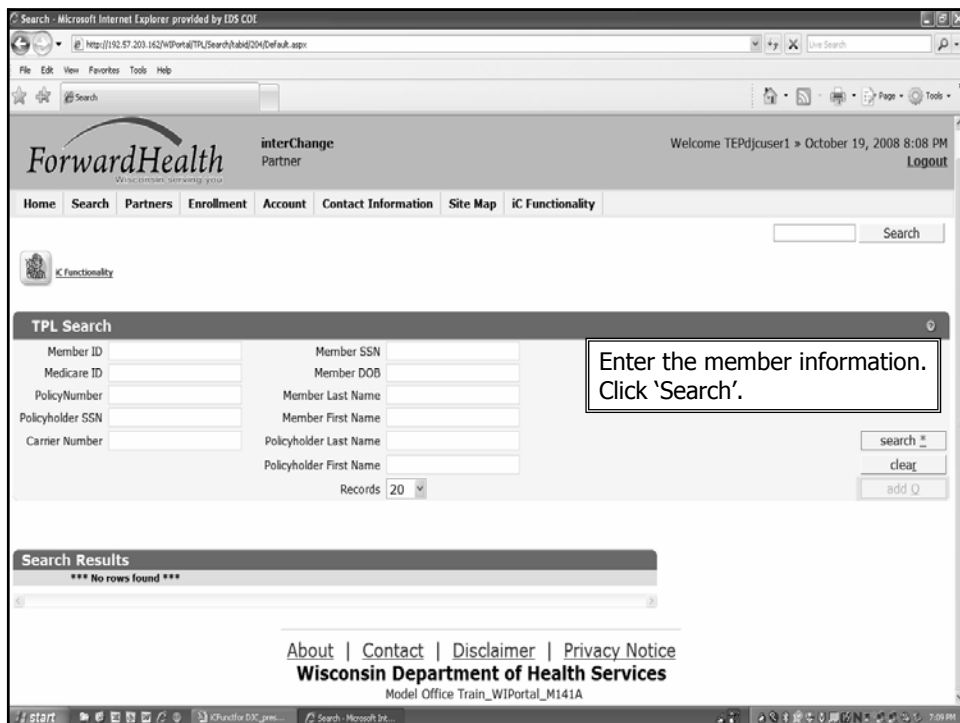
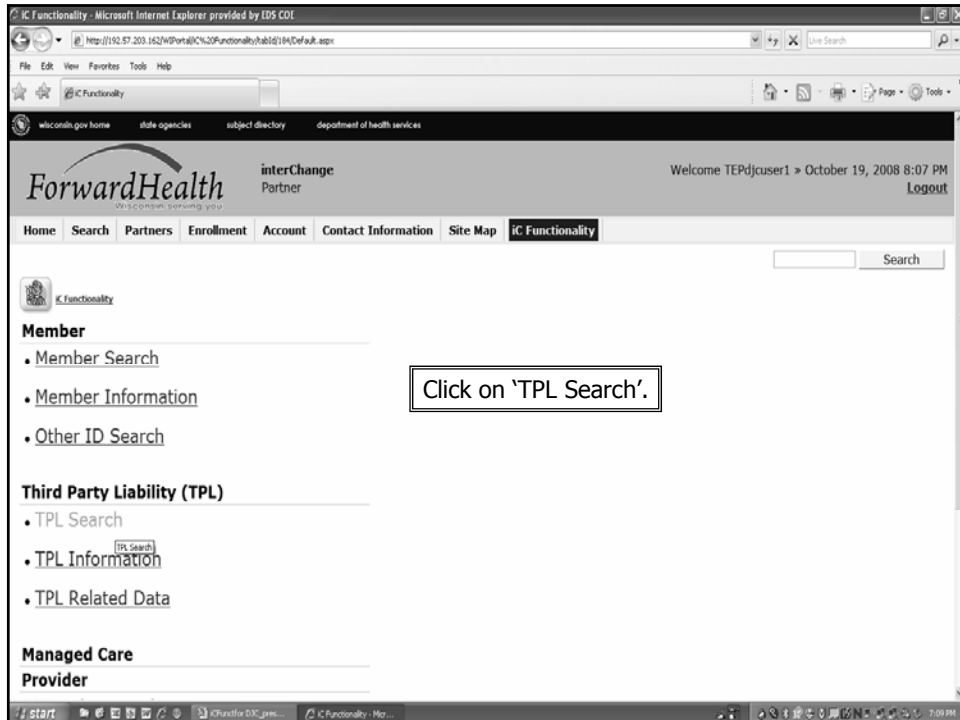
**Trading Partners**

**Hot Topics**









Search - Microsoft Internet Explorer provided by IDS COE

http://192.57.203.162/WPortal/TP/Search/abid204/Default.aspx

File Edit View Favorites Tools Help

Home Search Partners Enrollment Account Contact Information Site Map iC Functionality

Search

K Functionality

### TPL Search

Member ID 0782420191 Member SSN  
 Medicare ID Member DOB  
 Policy Number Member Last Name  
 Policyholder SSN Member First Name  
 Carrier Number Policyholder Last Name  
 Policyholder First Name

search \*  
 clear  
 add Q

Records 20

### Search Results

Mr. HIPP	Member ID	Medicare ID	Member Name	Policy Number	Policyholder Name	Carrier Name
No	0782420191		YAHIL, DALIS	5230300000	YAHIL, JONOLA	DELTA DENTAL PLAN OF WIS
No	0782420191		YAHIL, DALIS	113018653888	YAHIL, JONOLA	FT SERV

Count: 2

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Click on the line of information for further details.

Information - Microsoft Internet Explorer provided by IDS COE

http://192.57.203.162/WPortal/TP/Information/abid205/Default.aspx?SAK\_TPL\_RESOURCE=4657406

File Edit View Favorites Tools Help

Information

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Home Search Partners Enrollment Account Contact Information Site Map iC Functionality

Search

K Functionality

Next Search By: Member ID

search \* clear

### TPL Information

Member ID 0782420191 Policy Number 5230300000 Carrier Number 107  
 Member Name YAHIL, DALIS Policyholder Name YAHIL, JONOLA Carrier Name DELTA DENTAL PLAN OF WI:  
 Member SSN 802-42-0191 Policyholder SSN 800-00-2627 Policy Start Date 05/01/2003  
 MMIS Case Policy Type PRIVATE PAY HEALTH 1 Policy End Date 12/31/2299

### TPL Maintenance

Select TPL area to add or modify below.

Absent Parent Additional Policies Base Information  
 Coverage Members of Policy

TPL

save cancel new copy

Member TPL is displayed. Click on the TPL maintenance information to be viewed.

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Information - Microsoft Internet Explorer provided by IDS COE\_M141A

Information - Microsoft Internet Explorer provided by IDS COE

http://192.87.203.162/Portal/TP/Information/ab04205/default.aspx?SAK\_TPL\_RESOURCE=4457437

ForwardHealth  
interChange  
Partner

Welcome TEPDjuser1 > October 22, 2008 10:33 PM  
Logout

Home Search Partners Enrollment Account Contact Information Site Map IC Functionality

Next Search By: Member ID search clear

**TPL Information**

Member ID 0782420191	Policy Number 113018653888	Carrier Number 015
Member Name YAHJ,DALIS	Policyholder Name YAHJ,JONOLA	Carrier Name FI SERV
Member SSN 802-42-0191	Policyholder SSN 800-00-2627	Policy Start Date 04/01/2001
MMIS Case	Policy Type PRIVATE PAY HEALTH 1	Policy End Date 12/31/2299

**TPL Maintenance** Select TPL area to add or modify below.

**TPL**

save cancel new copy

absent parent additional policies base information coverage members of policy

Information - Microsoft Internet Explorer provided by IDS COE

http://192.87.203.162/Portal/TP/Information/ab04205/default.aspx?SAK\_TPL\_RESOURCE=4457436

save cancel new copy

**Base Information**

Member ID 0782420191	Cost Avoidance Yes
Member Name YAHJ DALIS	Original Source INSURANCE DISCLOSURE
Carrier Number 107	Original Source Date 06/18/2003
Carrier Name DELTA DENTAL PLAN OF WISCONSIN	Last Change Origin INSURANCE DISCLOSURE
Employer ID	Verification Code INSURANCE DISCLOSURE
Employer Name	Verification Date 10/19/2008
Relationship C	Absent Parent Indicator No
Relationship Description CHILD	Last Change Date 01/17/2008
Policyholder Policyholder	
Policyholder ID 253555	
Policyholder Name YAHJ JONOLA	
Policyholder SSN 800-00-2627	
Policy Number 5230300000	
Group Number 5230300000	
Policy Type PRIVATE PAY HEALTH INSURANCE	

delete

**Absent Parent**

\*\*\* No rows found \*\*\*

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Wisconsin Department of Health Services

Information - Microsoft Internet Explorer provided by IDS COE

http://192.57.203.162/WPortal/TP/Information/ab0205/default.aspx?SAK\_TPL\_RESOURCE=4457436

Carrier Number: 107  
 Carrier Name: DELTA DENTAL PLAN OF WISCONSIN  
 Employer ID:   
 Employer Name:   
 Relationship: C  
 Relationship Description: CHILD  
 Policyholder: Policyholder  
 Policyholder ID: 253555  
 Policyholder Name: YAHN JONOLA  
 Policyholder SSN: 800-00-2627  
 Policy Number: 5230300000  
 Group Number: 5230300000  
 Policy Type: PRIVATE PAY HEALTH INSURANCE

Original Source Date: 06/18/2003  
 Last Change Origin: INSURANCE DISCLOSURE  
 Verification Code: INSURANCE DISCLOSURE  
 Verification Date: 10/19/2008  
 Absent Parent Indicator: No  
 Last Change Date: 01/17/2008

Additional policies is displayed.

delete

**Absent Parent**

\*\*\* No rows found \*\*\*

**Additional Policies**

Policy Number	Effective Date	End Date	Verification Code	Carrier Name
5230300000	05/01/2003	12/31/2299	INSURANCE DISCLOSURE	DELTA DENTAL PLAN OF WISCONSIN
113018653888	04/01/2001	12/31/2299	MANUAL VERIFIED	FI SERV

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Information - Microsoft Internet Explorer provided by IDS COE

http://192.57.203.162/WPortal/TP/Information/ab0205/default.aspx?SAK\_TPL\_RESOURCE=4457437

**TPL Maintenance**

Select TPL area to add or modify below.

**Absent Parent Coverage** **Additional Policies Members of Policy** **Base Information**

Click on 'Coverage.'

save cancel new copy

**Base Information**

Member ID: 0782420191  
 Member Name: YAHN DALIS  
 Carrier Number: 015  
 Carrier Name: FI SERV  
 Employer ID:   
 Employer Name:   
 Relationship: C  
 Relationship Description: CHILD  
 Policyholder: Policyholder  
 Policyholder ID: 253555  
 Policyholder Name: YAHN JONOLA  
 Policyholder SSN: 800-00-2627  
 Policy Number: 1130186538  
 Group Number: 76040126  
 Policy Type: PRIVATE PAY HEALTH INSURANCE

Cost Avoidance: Yes  
 Original Source: EDS  
 Original Source Date: 08/31/2005  
 Last Change Origin: EDS  
 Verification Code: MANUAL VERIFIED  
 Verification Date: 10/22/2008  
 Absent Parent Indicator: No  
 Last Change Date: 01/27/2006

delete



Information - Microsoft Internet Explorer provided by IDS COI

http://192.57.203.162/Portal/TPInformation/ab68205/default.aspx?SAK\_TPL\_RESOURCE=4457436

Policyholder SSN 800-00-2627  
 Policy Number 1130186536  
 Group Number 76040126  
 Policy Type PRIVATE PAY HEALTH INSURANCE

delete

**Absent Parent**

\*\*\* No rows found \*\*\*

**Additional Policies**

Policy Number	Effective Date	End Date	Verification Code	Carrier Name
5230300000	05/01/2003	12/31/2299	INSURANCE DISCLOSURE	DELTA DENTAL PLAN OF WISCONSIN
113018653688	04/01/2001	12/31/2299	MANUAL VERIFIED	FI SERV

**Coverage**

Coverage Code	Coverage Description	Coverage Start Date	Coverage End Date
01	DRUG	04/01/2001	12/31/2299
02	MAJOR MED	04/01/2001	12/31/2299
04	INPATIENT	04/01/2001	12/31/2299
05	OUTPATIENT	04/01/2001	12/31/2299
06	NURSING HOME	04/01/2001	12/31/2299
07	VISION	04/01/2001	12/31/2299
08	DME RENTAL	04/01/2001	12/31/2299
09	DME PURCHASE	04/01/2001	12/31/2299
10	HOME HEALTH	04/01/2001	12/31/2299

Type changes below.

Coverage Code 01 Coverage Start Date 04/01/2001  
 Coverage Description DRUG Coverage End Date 12/31/2299

delete add Q

This displays the detail information on that policy.

Information - Microsoft Internet Explorer provided by IDS COI

http://192.57.203.162/Portal/TPInformation/ab68205/default.aspx?SAK\_TPL\_RESOURCE=4457437

**TPL Maintenance**

Select TPL area to add or modify below.

Absent Parent Additional Policies Base Information  
 Coverage Members of Policy

Members of Policy

Click on 'Members of policy'.

save cancel new copy

**Base Information**

Member ID 0782420191	Cost Avoidance Yes
Member Name YAHN DALIS	Original Source EDS
Carrier Number 015	Original Source Date 08/31/2005
Carrier Name FI SERV	Last Change Origin EDS
Employer ID	Verification Code MANUAL VERIFIED
Employer Name	Verification Date 10/22/2008
Relationship C	Absent Parent Indicator No
Relationship Description CHILD	Last Change Date 01/27/2006
Policyholder Policyholder	
Policyholder ID 253555	
Policyholder Name YAHN JONOLA	
Policyholder SSN 800-00-2627	
Policy Number 1130186536	
Group Number 76040126	
Policy Type PRIVATE PAY HEALTH INSURANCE	

delete

Information - Microsoft Internet Explorer provided by IDS COI

http://192.57.203.162/WPortal/TPInformation/ab0205/default.asp?SAK\_TPL\_RESOURCE=4457436

File Edit View Favorites Tools Help

Information

### Additional Policies

Policy Number	Effective Date	End Date	Verification Code	Carrier Name
5230300000	05/01/2003	12/31/2299	INSURANCE DISCLOSURE	DELTA DENTAL PLAN OF WISCONSIN
113018653888	04/01/2001	12/31/2299	MANUAL VERIFIED	PT SERV

### Coverage

Coverage Code	Coverage Description	Coverage Start Date	Coverage End Date
01	DRUG	04/01/2001	12/31/2299
02	MAJOR MED	04/01/2001	12/31/2299
04	INPATIENT	04/01/2001	12/31/2299
05	OUTPATIENT	04/01/2001	12/31/2299
06	NURSING HOME	04/01/2001	12/31/2299
07	VISION	04/01/2001	12/31/2299
08	DME RENTAL	04/01/2001	12/31/2299
09	DME PURCHASE	04/01/2001	12/31/2299
10	HOME HEALTH	04/01/2001	12/31/2299

Type changes below.

Coverage Code: 05 Coverage Start Date: 04/01/2001

Coverage Description: OUTPATIENT Coverage End Date: 12/31/2299

### Members of Policy

\*\*\* No rows found \*\*\*

Displays if any additional members are covered under that policy.

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start

IC Functionality - Microsoft Internet Explorer provided by IDS COI

http://192.57.203.162/WPortal/IC%20Functionality/ab0119/default.asp

File Edit View Favorites Tools Help

IC Functionality

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Welcome TEPdjcuser1 » October 19, 2008 8:21 PM Logout

Home Search Partners Enrollment Account Contact Information Site Map **IC Functionality**

Search

IC functionality

### Member

- Member Search
- Member Information
- Other ID Search

### Third Party Liability (TPL)

- TPL Search
- TPL Information
- TPL Related Data TPL Information

Click on 'TPL information'.

### Managed Care

Provider

start

Information - Microsoft Internet Explorer provided by IDS COE

http://192.57.203.162/Portal/TP/Information/abid205/default.aspx

File Edit View Favorites Tools Help

Information

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Home Search Partners Enrollment Account Contact Information Site Map IC Functionality

Same information will display.

Search

Next Search By: Member ID search \* clear

**TPL Information**

Member ID	Policy Number	Carrier Number
Member Name	Policyholder Name	Carrier Name
Member SSN	Policyholder SSN	Policy Start Date
MMIS Case	Policy Type	Policy End Date

**TPL Maintenance** Select TPL area to add or modify below.

**Absent Parent Coverage** **Additional Policies Members of Policy** **Base Information**

TPL

save cancel new

Information - Microsoft Internet Explorer provided by IDS COE

http://192.57.203.162/Portal/TP/Information/abid205/default.aspx

File Edit View Favorites Tools Help

Information

save cancel new

**Base Information**

Member ID	Cost Avoidance	Yes
Member Name	Original Source	
Carrier Number	Original Source Date	10/19/2008
Carrier Name	Last Change Origin	
Employer ID	Verification Code	
Employer Name	Verification Date	10/19/2008
Relationship	Absent Parent Indicator	No
Relationship Description	Last Change Date	10/19/2008
Policyholder		
Policyholder ID		
Policyholder Name		
Policyholder SSN		
Policy Number		
Group Number		
Policy Type		

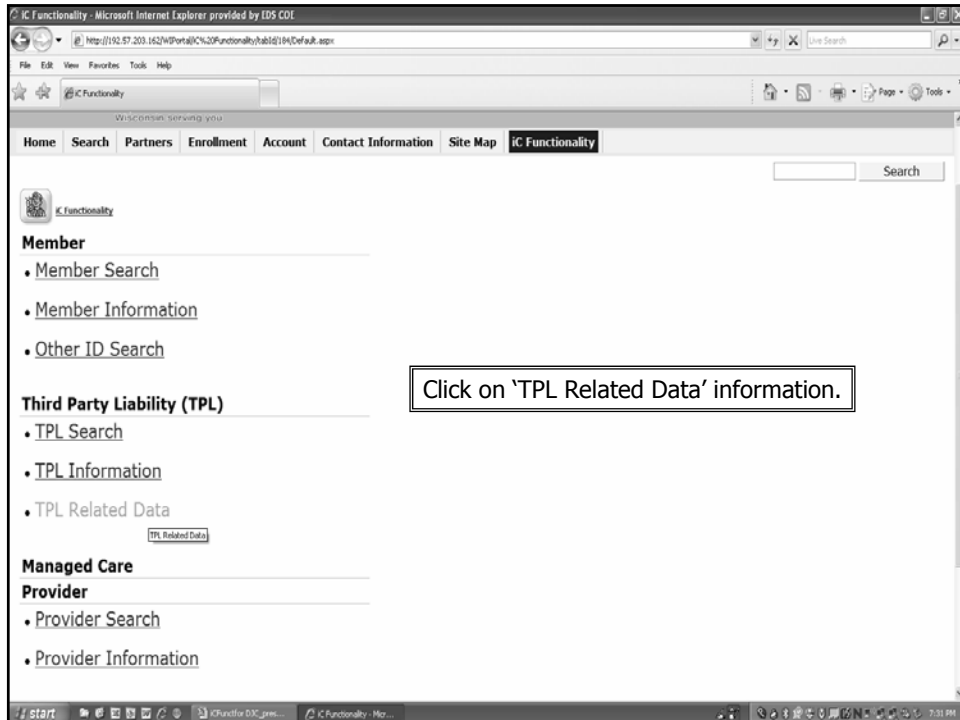
delete

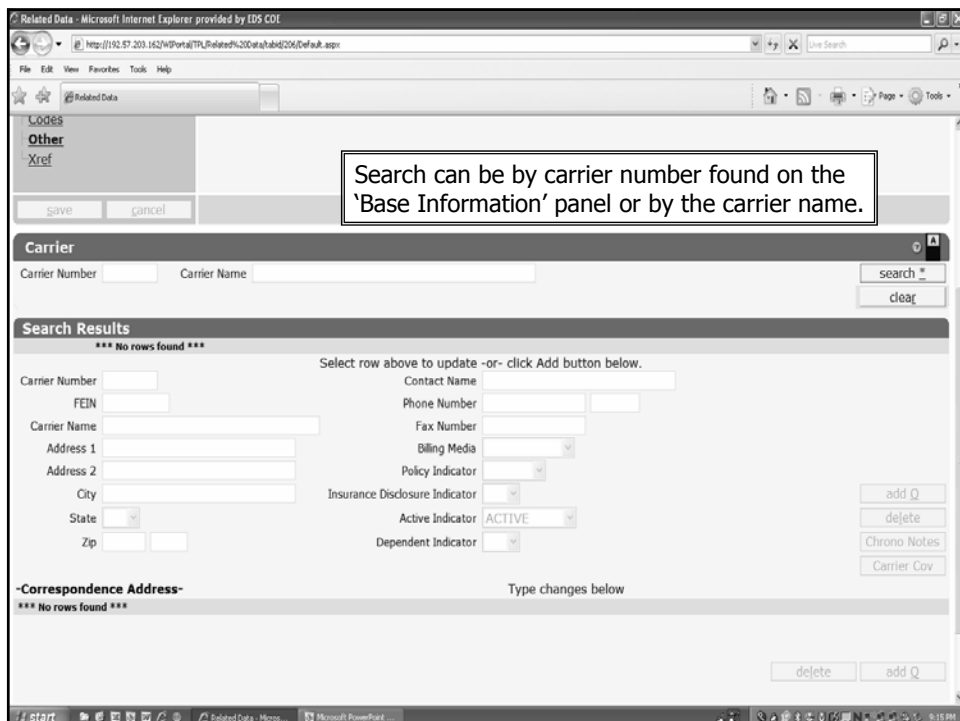
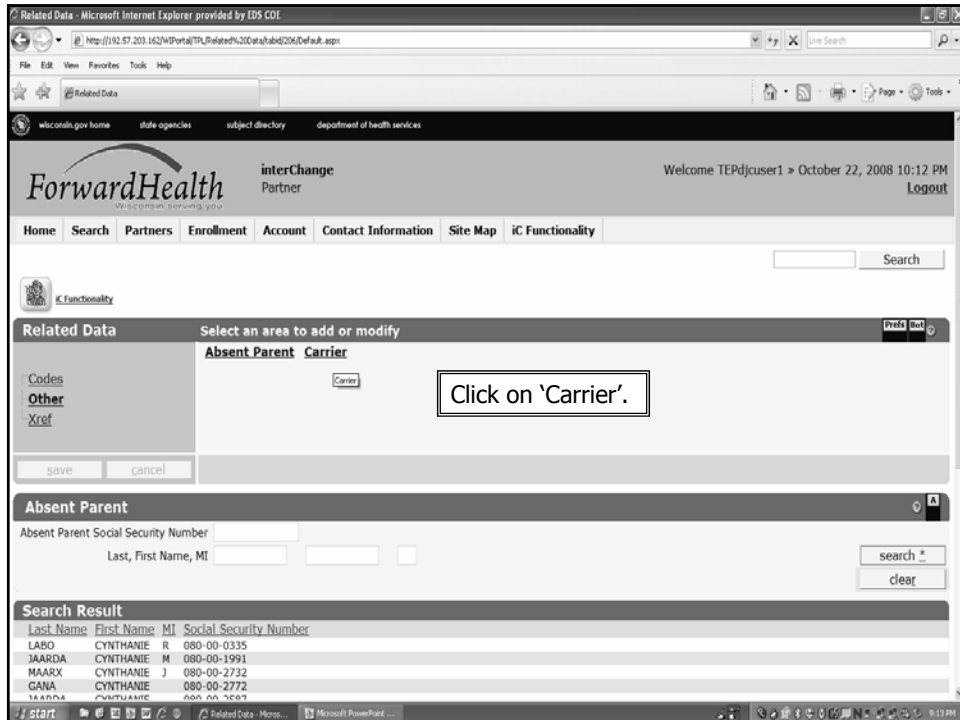
**Coverage**

\*\*\* No rows found \*\*\*

Select row above to update -or- click Add button below.

Coverage Code	Coverage Start Date
Coverage Description	Coverage End Date





Related Data - Microsoft Internet Explorer provided by IDS COI

http://192.57.203.162/WPortal/TP\_Related%20Data%20tabid206/Default.aspx

File Edit View Favorites Tools Help

Related Data

Codes  
Other  
Xref

save cancel

Carrier

Carrier Number 015 Carrier Name search clear

Search Results

Carrier Number	Carrier Name	Address 2	City	Contact Name	Phone Number
015	FI SERV	PO BOX 450	PUEBLO		(866)881-0800

Type changes below.

Carrier Number 015 Contact Name  
FEIN Phone Number (866)881-0800  
Carrier Name FI SERV Fax Number  
Address 1 Billing Media PAPER  
Address 2 PO BOX 450 Policy Indicator  
City PUEBLO Insurance Disclosure Indicator No  
State CO Active Indicator ACTIVE  
Zip 81022 Dependent Indicator No

add Q delete Chrono Notes Carrier Cav delete

-Correspondence Address- Type changes below

Results of search are displayed.

start Related Data - Micro... Microsoft PowerPoint 9:20 PM

Related Data - Microsoft Internet Explorer provided by IDS COI

http://192.57.203.162/WPortal/TP\_Related%20Data%20tabid206/Default.aspx

File Edit View Favorites Tools Help

Related Data

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ForwardHealth interChange Partner Welcome TEPduser1 > October 22, 2008 10:09 PM Logout

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Search

Related Data Select an area to add or modify

Absent Parent Carrier

Codes  
Other  
Xref

save cancel

Click on 'Absent Parent'.

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start Related Data - Micro... Microsoft PowerPoint 9:20 PM

Related Data - Microsoft Internet Explorer provided by IDS COI

http://192.57.203.162/WPortal/TP/Related%20Data/tabid/206/Default.aspx

File Edit View Favorites Tools Help

Related Data

Select an area to add or modify

Absent Parent Carrier

Codes  
Other  
Xref

save cancel

Absent Parent

Absent Parent Social Security Number

Last, First Name, MI

search \*  
clear

Search Result

Last Name	First Name	MI	Social Security Number
LABO	CYNTHANIE	R	080-00-0335
JAARDA	CYNTHANIE	M	080-00-1991
MAARX	CYNTHANIE	J	080-00-2732
GAHA	CYNTHANIE		080-00-2772
JAARDA	CYNTHANIE		080-00-2587
TABION	CYNTHANIE		000-00-0000
TABION	CYNTHANIE		000-00-0000
SAISA	CYNTHANIE		080-00-1512
WABASHA	CYNTHANIE		000-00-0000
ADAMOS	CYNTHANIE		080-00-1808

1 2 3 4 5 6 7 8 9 10 ... Next >

-Absent Parent- Select row above to update.

Last, First Name, MI Case Head Name

Social Security Number

Date of Birth

Allows the search of Absent parent by entering specific data.

IC Functionality - Microsoft Internet Explorer provided by IDS COI

http://192.57.203.162/WPortal/IC%20Functionality/tabid/194/Default.aspx

File Edit View Favorites Tools Help

IC Functionality

- Member Information
- Other ID Search

Third Party Liability (TPL)

- TPL Search
- TPL Information
- TPL Related Data

Managed Care

Provider

- Provider Search
- Provider Information

Claims

- Claims Search

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Model Office Train WPortal M141A

Click on 'Provider Search'.

Search - Microsoft Internet Explorer provided by IDS CDE

http://192.57.203.162/WPortal/Provider/Search/abd189/default.aspx

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Search

K functionality

**Provider Search**

Provider ID  Business OR   
Last Name   
License  First, MI   
Medicare  Financial Payer   
SSN   
Tax ID

Records 20

search \*  
clear

Enter the provider information.  
Click on 'Search'.

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Search - Microsoft Internet Explorer provided by IDS CDE

http://192.57.203.162/WPortal/Provider/Search/abd189/default.aspx

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Search

K functionality

**Provider Search**

Provider ID 11013700 Business OR   
Last Name   
License  First, MI   
Medicare  Financial Payer   
SSN   
Tax ID

Records 20

search \*  
clear

Provider information is displayed.

**Search Results**

National Provider ID	Program Provider ID	Base ID	Financial Payer	Name	Type	Specialty	Address	City	State	Zip
1639123284	11013700	2617	Medicaid	MEDICAL PRACTICE #890	01	010	B307 Avenue	CABBAGE	WI	00225
	11013700	1681	Wisconsin Well Woman	GENERAL HOSPITAL #80245	01	010	A23 Court	MARSH	WI	00383
1639123284	11013700	2617	Wisconsin Chronic Disease	MEDICAL PRACTICE #890	01	010	B307 Avenue	CABBAGE	WI	00225

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**ForwardHealth** interChange Partner

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Search

K Functionality

**Provider Search**

Provider ID: 11013700 Business OR: Last Name: First, MI: Financial Payer: License: Medicare: SSN: Tax ID: Records: 20

Click on the line of information for further details.

search \* clear

**Search Results**

National Provider ID	Program	Base ID	Financial Payer	Name	Type	Specialty	Address	City	State	Zip
1639123284	11013700	2617	Medicaid	GENERAL HOSPITAL #80245	01	010	B307 Avenue	CABBAGE	WI	00225
1639123284	11013700	1681	Wisconsin Well Woman	MEDICAL PRACTICE #890	01	010	A23 Court	MARSH	WI	00383
1639123284	11013700	2617	Wisconsin Chronic Disease	MEDICAL PRACTICE #890	01	010	B307 Avenue	CABBAGE	WI	00225

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Information - Microsoft Internet Explorer provided by IDS COE

http://192.57.203.162/WPortal/Provider/Information/abd189/Default.aspx?SAK\_PRCN=2617&SAK\_PRCN\_LOC=6040

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**ForwardHealth** interChange Partner

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Home Search Partners Enrollment Account Contact Information Site Map iC Functionality

Search

K Functionality

**Provider search by:** ID Number: Business OR: Last Name, First: Tax ID: search \* clear

**Provider Information**

Base ID: 2617 Organization: Other

Restriction: No Provider Type: 01 - Hospital

Gender: N/A

Ownership: No Licenses: 70000195 01/01/1900-12/31/2299

Service Location: 11013700 - MEDICAL PRACTICE #890 Specialties: Inpatient/Outpatient 07/01/1975-12/31/2299

Provider IDs: 1639123284 NPI: 07/01/1975-12/31/2299 Taxonomies: 282N00000X - General Acute Care Hospital

Address Type: Service Location Tax ID: 00000693 01/01/1978-12/31/2299

Address: B307 AVENUE Contract: Medical-Anesthesia 07/01/1975-12/31/2299

PO BOX 001 Medicare: 000000233 01/01/1900-12/31/2299

City: CABBAGE

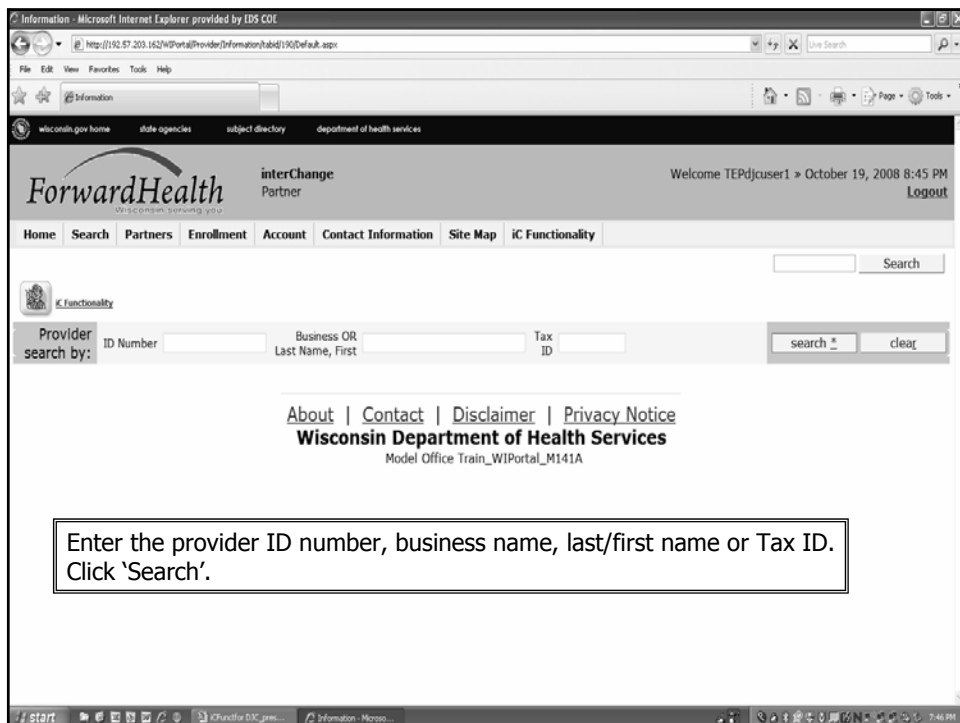
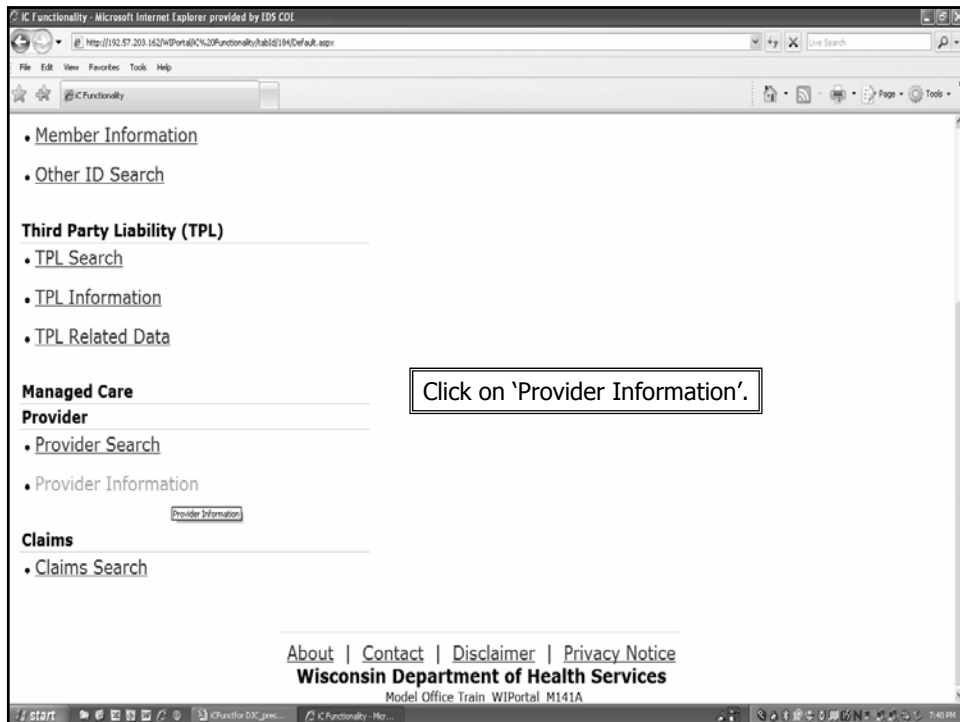
County: Racine

State/Zip: WI 00225

Phone: 608-555-0103

Fax: Certification: Accept New Patients: Managed Care: No Recert Date: 03/01/2009

Provider information is displayed.



Search - Microsoft Internet Explorer provided by IDS COE

http://192.57.203.162/WPortal/Provider/Search/ab02189/Default.aspx

ForwardHealth  
interChange  
Partner

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Logout

Home Search Partners Enrollment Account Contact Information Site Map IC Functionality

Provider Search

Provider ID: 11013700  
License:   
Medicare:   
SSN:   
Tax ID:   
Business OR:   
Last Name:   
First, MI:   
Financial Payer:

Records: 20

search \*  
clear

Provider information is displayed.

Search Results

National Provider ID	Program Provider ID	Base ID	Financial Payer	Name	Type	Specialty	Address	City	State	Zip
1639123284	11013700	2617	Medicaid	MEDICAL PRACTICE #890	01	010	8307 Avenue	CABBAGE	WI	00225
11013700	1681	Wisconsin Well Woman	GENERAL HOSPITAL #80245	01	010	A23 Court	MARSH	WI	00383	
1639123284	11013700	2617	Wisconsin Chronic Disease	MEDICAL PRACTICE #890	01	010	8307 Avenue	CABBAGE	WI	00225

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IC Functionality - Microsoft Internet Explorer provided by IDS COE

http://192.57.203.162/WPortal/ICFunctionality/ab02189/Default.aspx

IC Functionality

- Member Information
- Other ID Search

Third Party Liability (TPL)

- TPL Search
- TPL Information
- TPL Related Data

Managed Care

Provider

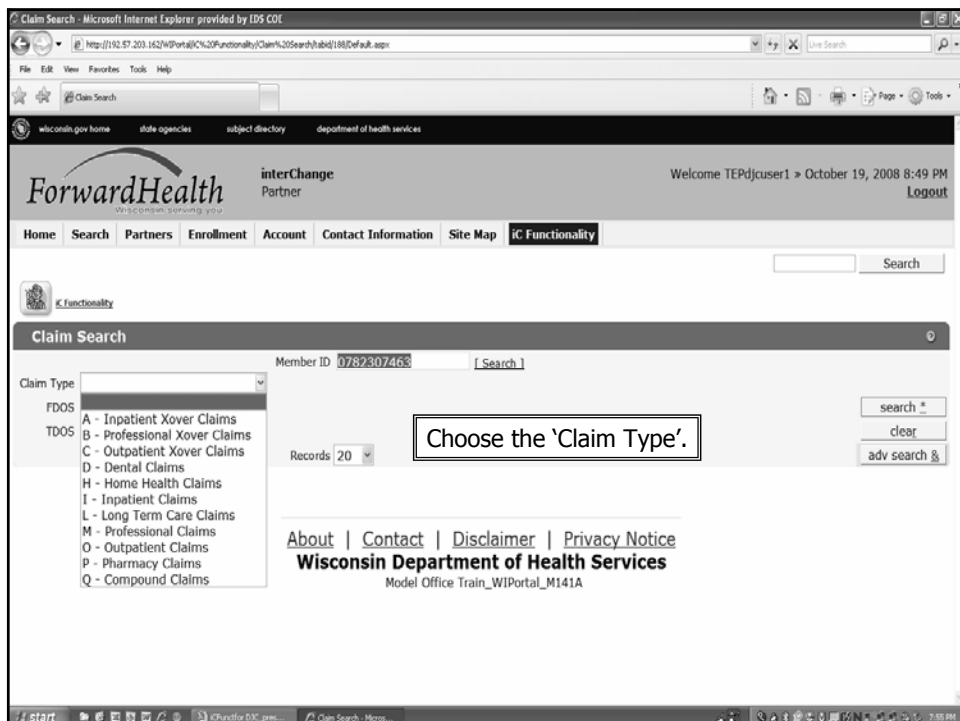
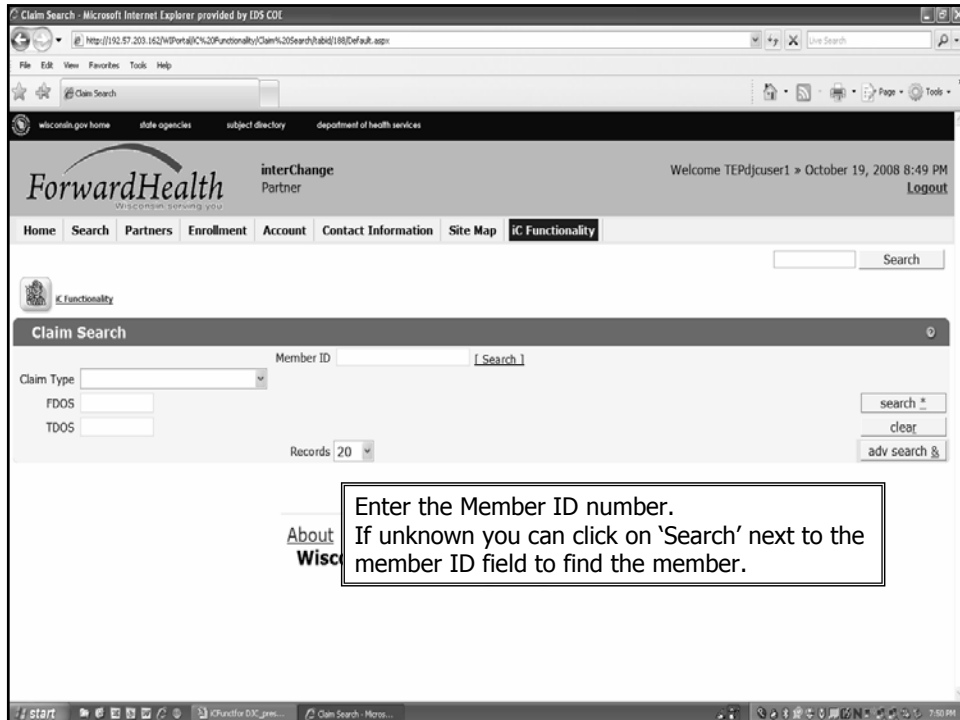
- Provider Search
- Provider Information

Claims

- Claims Search

Click on 'Claims Search'.

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http://192.57.203.152/WPortal/C%20Functionality/Claim%20Search(habid)188Default.aspx

File Edit View Favorites Tools Help

Claim Search

wisconsin.gov home state agencies subject directory department of health services

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Welcome TEPdjcuser1 » October 19, 2008 8:49 PM Logout

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Search

IC Functionality

**Claim Search**

Member ID 0782307463 [ Search ]

Claim Type M - Professional Claims

FDOS 01/01/2000

TDOS 10/01/2008

Records 20

Enter the from and to dates of service.  
Click 'Search'.

search \*  
clear  
adv search &

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Claim Search - Microsoft Internet Explorer provided by IDS COI

http://192.57.203.152/WPortal/C%20Functionality/Claim%20Search(habid)188Default.aspx

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Claim Type M - Professional Claims

FDOS 01/01/2000

TDOS 10/01/2008

Records 20

Claim data is displayed.

search \*  
clear  
adv search &

**Search Results**

ICN	Member ID	Provider ID	Fin Payer	FDOS	TDOS	Clin Typ	Benefit Plan	Clin Sts	Payment Date	Amount Billed	Amount Paid	Rx Number
4007040059700	0782307463	41497900	MCD	WISC_TXIX	02/02/07	02/02/07	M	N/A	P	02/23/07	\$45.60	
4007030075396	0782307463	41497900	MCD	WISC_TXIX	01/25/07	01/25/07	M	N/A	P	02/18/07	\$45.60	
4007040059814	0782307463	41497900	MCD	WISC_TXIX	01/30/07	01/30/07	M	N/A	P	02/23/07	\$45.60	
4007060052670	0782307463	41497900	MCD	WISC_TXIX	03/01/07	03/01/07	M	N/A	P	03/25/07	\$22.80	
4006363053123	0782307463	41497900	MCD	WISC_TXIX	12/07/06	12/07/06	M	N/A	P	01/07/07	\$45.60	
4006342056813	0782307463	41497900	MCD	WISC_TXIX	11/22/06	11/22/06	M	N/A	P	12/17/06	\$53.40	
4007040059816	0782307463	41497900	MCD	WISC_TXIX	02/01/07	02/01/07	M	N/A	P	02/23/07	\$45.60	
4007012056996	0782307463	41497900	MCD	WISC_TXIX	01/04/07	01/04/07	M	N/A	P	01/21/07	\$45.60	
4006363053124	0782307463	41497900	MCD	WISC_TXIX	12/08/06	12/08/06	M	N/A	P	01/07/07	\$22.80	
4007046060021	0782307463	41497900	MCD	WISC_TXIX	02/07/07	02/07/07	M	N/A	P	03/04/07	\$52.10	
4006311076249	0782307463	41497900	MCD	WISC_TXIX	11/13/06	11/13/06	M	N/A	P	12/03/06	\$26.70	
4007074057941	0782307463	41497900	MCD	WISC_TXIX	03/07/07	03/07/07	M	N/A	P	03/25/07	\$45.60	

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